CLAIMS A	(Column 1)	(Column	12)	SMALL TYPE		OR	OTHER 1 SMALL E	
OTAL CLAIMS	20			RATE	FEE	] [	RATE	FEE
OR .	NUMBER FILED	NUMBER	NUMBER EXTRA		355.00	OR	asic fee	710.00
TAL CHARGEABLE CLAIMS	20minus 20	. 0	• 0			OR	X\$18=	
DEPENDENT CLAIMS	3 minus 3	= 6	0			OR	X80⇒	
JLTIPLE DEPENDENT CLAIM	PRESENT			+135		OR	+270=	
tf the difference in column 1 is less than zero, enter "O" in column 2						IOR	TOTAL	710
	AMENDED - PA	IRT II			L ENTITY	O9.	OTHER SMALL E	
12 13 DY Column 1	· R	GREST	Column 3)	SMA	ADDI-	7 1		ADDI-
REMAINING AFTER AMENDMEN  Total • 240  Independent • 2	PRI	EVIOUSLY AID FOR	PRESENT	PATE			RATE	TIONAL FEE
Total • 247	Mirata	カカー	- /	X\$ 9	. 1	OR	X\$18=	1_
Independent - 2	Minus	3	- /	X40	.17	OR	X80=	
FIRST PRESENTATION OF	MULTIPLE DEPEND	ENT CLAIM	بور	+135	.1/	OR	+270=	7
					IAL /	-	YOTAL ADDIT, FEE	
(Column			(Column 3)			_		
CLAIMS REMAINEN AFTER AMENDIAE  Total  Independent	G PF	RIGHEST NUMBER TEVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E TIONA FEE		RATE	ADDI- TIONAL FEE
Total · 19	Minus	20	•	X\$ 9		OR	X\$18=	
Independent • 3	Minus	3_	•	X40		OR	X80=	_
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<u>;_</u>	OR	+270=	
				46	MAL	OR	YOTAL	
(Column	4) [	Cotumn 2)	(Column 3)	'ADDIT.	7 5 5	_		-1
CLAIME REMARKI	iG P	HUMEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	ADDI TE TION	T.	RATE	ADDI- TIONA FEE
Total · /	Miraus -	00	- /	XS		OF	X\$18=	
Independent • 2	Minus -	.3	-/	]   X4		OF	von	1
FIRST PRESENTATION	F MULTIPLE DEPEN	DENT CLAR	/ [	]			.070	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.					5= SYAL	OF	YENYA	1-
" If the entry in column 1 is less: " If the Trighest Number Previo "'If the Trighest Number Previo The Trighest Number Previou	and a limit for the little of			O. ADDIT		OF	ADDIT. FE	